

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 025614

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>WTW</u>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY SEP 29 1986 O. C. D. ARTESIA OFFICE </div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u>		8. FARM OR LEASE NAME <u>West Loco Hills Unit Grb # Sd U</u>
3. ADDRESS OF OPERATOR <u>P. O. BOX 1305 ARTESIA, N. M.</u>		9. WELL NO. <u>Tract 21B</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1650' FNL 924' FWL Sec. 18-18-30</u>		10. FIELD AND POOL, OR WILDCAT <u>Loco Hills (Q. G. Sa)</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3512'</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 18-18-30</u>
		12. COUNTY OR PARISH <u>Eddy</u> 13. STATE <u>New Mexico</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

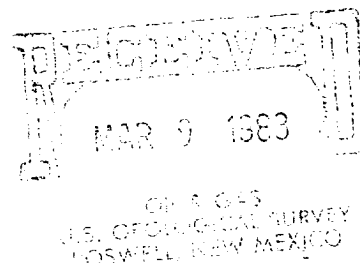
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/> XX
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Plugged and abandoned well as follows.....

1/14/83.....Spotted 25 sacks @ 2650'. Bullhead squeezed with 30 sacks @ 200 psi.
1/15/83.....Pressured plug to 600 psi. Tagged plug with wireline @ 1330'.
1/16/83.....Pressured plug to 500 psi. Tagged plug with wireline @ 850'. Perf 4 shots @ 314'. Squeezed 90 sacks, circulated to surface. Set P&A marker.



18. I hereby certify that the foregoing is true and correct.

SIGNED [Signature] TITLE Area Manager DATE 3/8/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-25-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-2
4-1-83
P 8A